National Aeronautics and Space Administration **George C. Marshall Space Flight Center** Marshall Space Flight Center, Alabama 35812

REQUEST FOR TEMPORARY HANDICAPPED PARKING PERMIT

TEMPODADY HANDIOAD DADY	INO DEDMITO ADE ES	D LICE AT MADCHALL	CDACE FLICHT CENTER CALLY
	ING PERMITS ARE FO	PR USE AT MARSHALL SPACE FLIGHT CENTER ONLY	
Requesters Name:		Request Date:	
Building Number:	Room Number:		Organization Code:
Office Phone:	<u>.</u>	Fax:	
Vahiala Tag Numban		State:	
Vehicle Tag Number:		State.	
Requested Parking Area(s):			
Justification For Temporary Handicapped F	Parking Permit (attach p	hysician's statement inc	cluding number of days temporary parking
permit is required):			
Expiration Date of Permit:		(not to exceed 90	0 days from the date of issuance)
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Statement of Compliance:			
I understand that by signing this form I am	certifying that I meet the	e criteria necessary to r	eceive a temporary parking permit issued
by NASA Marshall Space Flight Center.			
Signature of Applicant:			
APPROVAL			
Name of Supervisor:			
Signature of Issuer: (Disability Program Ma	nagor)	Date:	
Signature or issuer. (Disability Program Ma	mayer)	Date:	